



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES



APhA

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Drug Enforcement Administration
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Loren T. Miller
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Diversion Control Division
Drug Enforcement Administration
8701 Morrisette Drive
Springfield, VA 22152

Dear Messrs. Brown and Miller:

Thank you for the opportunity to meet with you and the DEA Diversion Control team on June 21 to discuss issues of mutual interest and concern. We appreciated the opportunity to receive updates on relevant DEA policy matters and upcoming guidance and regulations.

To follow up from our discussion concerning whether the Justice Department (DOJ) and/or DEA has a position on the medical basis of specific prescription drug therapies, we seek written clarification with respect to a central allegation in the United States' Complaint, filed May 2, 2019, in *United States v. Rodriguez*, No. 3:19-cv-01055 (Northern District of Texas, Dallas Division).

Paragraph 31 of the Complaint states:

There is no medical basis for the simultaneous prescription of any version of the three "trinity" drugs. In fact, the significant danger resulting from concurrently ingesting an opioid and a benzodiazepine—as well as an opioid, a benzodiazepine, and a muscle relaxer—is well documented in peer-reviewed medical literature (emphasis added).

Insofar as we are aware, neither DOJ nor DEA has otherwise asserted that there can never be a medical basis to prescribe the "trinity" drugs. The Centers for Disease Control have stated that "[c]linicians should avoid prescribing opioids and benzodiazepines concurrently **whenever possible.**" Centers for Disease Control and Prevention, *CDC Guideline for Prescribing Opioids for Chronic Pain* (2016) (emphasis added), <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>. But so far as we are aware, the CDC has not suggested that such combinations are never clinically appropriate. Rather, the CDC Guideline states that clinicians should "prioritize patient goals" and "weigh risks of concurrent benzodiazepine and opioid exposure."

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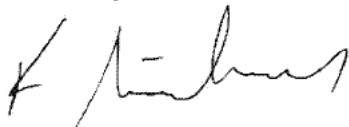
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Moreover, in the course of on conversation on June 21, we believe that your stated position is that DEA, as a matter of course, does not take positions on the medical basis of any prescription drug therapy. To clear any confusion, we ask that you provide guidance in writing that neither DOJ nor DEA have a position on the medical basis to prescribe, specifically the simultaneous of any version of the three "trinity" drugs, or generally any prescription drug therapy.

Thank you for your attention to this matter.

Sincerely,



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